

Case Number:	CM15-0149444		
Date Assigned:	08/12/2015	Date of Injury:	04/27/2013
Decision Date:	09/10/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/31/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old woman sustained an industrial injury on 4-27-2013. The mechanism of injury is not detailed. Diagnoses include right bicep partial tear, recurrent tear of right cuff with labral infraspinatus articular surface tear, bilateral bursitis, tendinosis, left ulnar impingement nerve neuropathy, and cervical radiculopathy. Treatment has included oral medications. Physician notes dated 7-22-2015 show complaints of pain, stiffness, and weakness in the cervical spine and bilateral upper extremities. Recommendations include physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy for the bilateral upper extremity and cervical spine, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17,27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has completed 24 physical therapy visits for a biceps tear. At this point, she should be ready to continue her exercises in a home-based, self-directed program. Additionally, this request for 12 visits exceeds the recommendations of the established guidelines. The request for physical therapy for the bilateral upper extremity and cervical spine, twice a week for six weeks is determined to not be medically necessary.